

AVAILAble COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/564719</i>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		1					52	
3	/						53	
4		1					54	
5		2					55	
6	/						56	
7		1					57	
8		2					58	
9							59	
10							60	
11							61	
12							62	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3		↓		↓		TOTAL IND.	
TOTAL DEP.	7		←		←		TOTAL DEP.	
TOTAL CLAIMS	10						TOTAL CLAIMS	